



APPLICATION FOR REGISTRATION OF SCHOOL TRUST FOR INSURANCE POOLING

Full name of trust:

Home address (street, city, state, ZIP code)

Mailing address (if different from home address)

Contact person:

Title

Telephone number
()

Does the trust have a contract with a third party administrator? yes no

If answer is yes list or attach the name of the third party administrator(s):

Are any of the trustees an officer, or employee of the administrator? yes no

Is health, dental or vision coverage provided through a self-insurance fund? yes no

If answer is yes, provide the name of the multiple employer welfare arrangement:

The following attachments must accompany this application:

1. Copy of the trust documents.
2. Copy of fidelity bond covering each person responsible for the trust for acts of fraud or dishonesty.
3. Copy of trust's most recent financial statement. In case of a start up entity a copy of the trust's projected financial status for the first year.
4.
 - a. Documentation of stop loss insurance with an insurer authorized to do business in Indiana with an aggregate retention of not more than 125% of the amount of expected claims for the following year.
 - b. Explanation for the calculation of expected claims.
5. Documentation that contributions are set to fund 100% of the aggregate retention plus all other costs of the trust.
6. Certification the trust will comply with the provisions of IC 27-4-1-4.5.

I certify that the above statements are true.

Signature

Date

Printed Name

Title